

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-002874

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 34

STATE FILE NUMBER

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Rolla

Length of stay in: 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION McFarland Nursing HomeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Saline

c. CITY
OR
TOWN MarshallInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
NoneReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
HOUSTONMiddle
SANDERSLast
TOWNSEND4. DATE
OF
DEATHMonth Day Year
Feb. 3, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/25/83

9. AGE (last birthday)

79

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lineman, retired

10b. KIND OF BUSINESS OR INDUSTRY

Telephone Co.

11. BIRTHPLACE (City and state or country)

Arrow Rock, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Sanders Townsend

13b. MOTHER'S MAIDEN NAME

Lucy Hall

14. NAME OF HUSBAND OR WIFE

Velma

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

123

17. INFORMANT

Nursing Home Records

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
s.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 1962 to Feb 1963 and last saw him alive on Feb 2, 1963
Death occurred at 4:00AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal Feb. 6, 1963

Arrow Rock Cemetery

Arrow Rock, Mo.

24. FUNERAL DIRECTOR

Null & Son Funeral Home.. Rolla

25. DATE RECD. BY LOCAL REG.

Feb. 6-1963

26. REGISTRAR'S SIGNATURE

Nadene L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1817

20975

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FEB 21 1963

MAR 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.